

<i>SERFF Tracking Number:</i>	<i>ZURC-125289529</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Assurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026081</i>
<i>Company Tracking Number:</i>	<i>CW-BM-26541</i>		
<i>TOI:</i>	<i>27.0 Boiler & Machinery</i>	<i>Sub-TOI:</i>	<i>27.0000 Boiler & Machinery</i>
<i>Product Name:</i>	<i>CW-BM-26541 - Multistate Boiler and Machinery Declarations Filing</i>		
<i>Project Name/Number:</i>	<i>CW-BM-26541/</i>		

Filing at a Glance

Companies: Assurance Company of America, Northern Insurance Company of New York, Maryland Casualty Company, American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: CW-BM-26541 - Multistate SERFF Tr Num: ZURC-125289529 State: Arkansas

Boiler and Machinery Declarations Filing

TOI: 27.0 Boiler & Machinery

SERFF Status: Closed

State Tr Num: AR-PC-07-026081

Sub-TOI: 27.0000 Boiler & Machinery

Co Tr Num: CW-BM-26541

State Status:

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Deborah Freeman

Disposition Date: 09/19/2007

Date Submitted: 09/13/2007

Disposition Status: Approved

Effective Date Requested (New): 12/01/2007

Effective Date (New): 12/01/2007

Effective Date Requested (Renewal): 12/01/2007

Effective Date (Renewal):
12/01/2007

General Information

Project Name: CW-BM-26541

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: ISO

Reference Number: BM-2006-OEBFO

Reference Title: Multistate Boiler and Machinery/Equipment Breakdown Advisory Org. Circular: LI-BM-2007-049

Multistate Forms Revisions to be Implemented

Filing Status Changed: 09/19/2007

State Status Changed: 09/13/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Commercial Boiler and Machinery Declarations Filing

Company and Contact

Filing Contact Information

Deborah Freeman, Product Analyst

deborah.freeman@zurichna.com

<i>SERFF Tracking Number:</i>	<i>ZURC-125289529</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Assurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026081</i>
<i>Company Tracking Number:</i>	<i>CW-BM-26541</i>		
<i>TOI:</i>	<i>27.0 Boiler & Machinery</i>	<i>Sub-TOI:</i>	<i>27.0000 Boiler & Machinery</i>
<i>Product Name:</i>	<i>CW-BM-26541 - Multistate Boiler and Machinery Declarations Filing</i>		
<i>Project Name/Number:</i>	<i>CW-BM-26541/</i>		

1400 American Lane	(847) 605-4238 [Phone]
Schaumburg, IL 60196-1056	(847) 605-7768[FAX]

Filing Company Information

Assurance Company of America	CoCode: 19305	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-6081895	

Northern Insurance Company of New York	CoCode: 19372	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-5283360	

Maryland Casualty Company	CoCode: 19356	State of Domicile: Maryland
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 52-0403120	

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	

Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-2781080	

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
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<i>SERFF Tracking Number:</i>	<i>ZURC-125289529</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Assurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026081</i>
<i>Company Tracking Number:</i>	<i>CW-BM-26541</i>		
<i>TOI:</i>	<i>27.0 Boiler & Machinery</i>	<i>Sub-TOI:</i>	<i>27.0000 Boiler & Machinery</i>
<i>Product Name:</i>	<i>CW-BM-26541 - Multistate Boiler and Machinery Declarations Filing</i>		
<i>Project Name/Number:</i>	<i>CW-BM-26541/</i>		

1400 American Lane
Schaumburg, IL 60102
(847) 605-6000 ext. [Phone]

Group Code: 212
Group Name:
FEIN Number: 36-4233459

Company Type:
State ID Number:

SERFF Tracking Number: ZURC-125289529 State: Arkansas

First Filing Company: Assurance Company of America, ... State Tracking Number: AR-PC-07-026081

Company Tracking Number: CW-BM-26541

TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery

Product Name: CW-BM-26541 - Multistate Boiler and Machinery Declarations Filing

Project Name/Number: CW-BM-26541/

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: State filing fee of \$50.00 applies.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Insurance Company	\$50.00	09/13/2007	15605526
Assurance Company of America	\$0.00	09/13/2007	
Maryland Casualty Company	\$0.00	09/13/2007	
Northern Insurance Company of New York	\$0.00	09/13/2007	
American Guarantee and Liability Insurance Company	\$0.00	09/13/2007	
Zurich American Insurance Company of Illinois	\$0.00	09/13/2007	
American Zurich Insurance Company	\$0.00	09/13/2007	

<i>SERFF Tracking Number:</i>	<i>ZURC-125289529</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Assurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026081</i>
<i>Company Tracking Number:</i>	<i>CW-BM-26541</i>		
<i>TOI:</i>	<i>27.0 Boiler & Machinery</i>	<i>Sub-TOI:</i>	<i>27.0000 Boiler & Machinery</i>
<i>Product Name:</i>	<i>CW-BM-26541 - Multistate Boiler and Machinery Declarations Filing</i>		
<i>Project Name/Number:</i>	<i>CW-BM-26541/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/19/2007	09/19/2007

SERFF Tracking Number:	ZURC-125289529	State:	Arkansas
First Filing Company:	Assurance Company of America, ...	State Tracking Number:	AR-PC-07-026081
Company Tracking Number:	CW-BM-26541		
TOI:	27.0 Boiler & Machinery	Sub-TOI:	27.0000 Boiler & Machinery
Product Name:	CW-BM-26541 - Multistate Boiler and Machinery Declarations Filing		
Project Name/Number:	CW-BM-26541/		

Disposition

Disposition Date: 09/19/2007
Effective Date (New): 12/01/2007
Effective Date (Renewal): 12/01/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: ZURC-125289529 State: Arkansas

First Filing Company: Assurance Company of America, ... State Tracking Number: AR-PC-07-026081

Company Tracking Number: CW-BM-26541

TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery

Product Name: CW-BM-26541 - Multistate Boiler and Machinery Declarations Filing

Project Name/Number: CW-BM-26541/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Equipment Breakdown Protection Coverage Form Declarations	Approved	Yes
Form	Equipment Breakdown Protection Coverage Form Renewal Endorsement	Approved	Yes

SERFF Tracking Number: ZURC-125289529 State: Arkansas

First Filing Company: Assurance Company of America, ... State Tracking Number: AR-PC-07-026081

Company Tracking Number: CW-BM-26541

TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery

Product Name: CW-BM-26541 - Multistate Boiler and Machinery Declarations Filing

Project Name/Number: CW-BM-26541/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Equipment Breakdown Protection Coverage Form Declarations	EB DS 07	09 07	Declaration New s/Schedule		0.00	EB DS 07 0907 - Equipment Breakdown Protection Coverage Form Declarations.pdf
Approved	Equipment Breakdown Protection Coverage Form Renewal Endorsement	EB DS 09	09 07	Declaration New s/Schedule		0.00	EB DS 09 0907 - Equipment Breakdown Protection Coverage Form Renewal Endorsement.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EQUIPMENT BREAKDOWN PROTECTION COVERAGE
FORM DECLARATIONS**

COMPANY NAME

PRODUCER NAME

Policy Number

Named Insured and Mailing Address

Policy Period: from _____ to _____ at 12:01 a.m. Standard time at your mailing address
shown above.

Premium: \$

Covered Premises:

Insurance applies only to a coverage for which a Limit of Insurance, a number of Days/Hours or the word INCLUDED is shown. If INCLUDED is shown, then the limit for that coverage is part of the Limit Per Breakdown.	
Coverage	Limit Of Insurance Or Days/Hours
Limit Per Breakdown	
1. Property Damage	
2. Expediting Expense	
3. Business Income/Extra Expense	
a. Extra Expense Only	
b. Extended Period Of Restoration (Number Of Days Of Coverage)	Days
c. Data Or Media (\$25,000 Limit Of Insurance) or	
4. Spoilage Damage	
5. Utility Interruption	
a. Coverage applies only if the interruption of services lasts at least:	Hours
6. Newly Acquired Premises	INCLUDED
a. (Number Of Days Of Coverage)	Days
7. Ordinance Or Law	
8. Errors And Omissions	
9. Brands And Labels	
10. Contingent Business Income/Extra Expense	
a. Covered Premises:	
b. Sales, Services Or Materials:	

Name: _____ Title: _____

Signature: _____ Date: _____

Limited Coverage For Fungus, Wet Rot And Dry Rot	
Revised Limit \$ Separate Premises Option <input type="checkbox"/> YES <input type="checkbox"/> NO <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Revised Limits \$ </div> <div style="width: 50%;"> Description Of Premises </div> </div>	
Business Income And Extra Expense Or Extra Expense Only – Revised Number Of Days	

Unless a higher limit or INCLUDED is shown, the most we will pay for direct damage to covered property is \$25,000 for each of the following. These limits are part of, not in addition to, the Property Damage or Limit Per Breakdown.	
Coverage Limitations	Limit Of Insurance
Ammonia Contamination Consequential Loss Data And Media Hazardous Substance Water Damage	

Conditions And Optional Coverages	Limit Of Insurance
Business Income Report Date Business Income Annual Value Business Income Coinsurance Percentage Diagnostic Equipment (Included Or Excluded)	

The deductible applies only to a coverage for which an amount, hours, days or the word INCLUDED is shown. If INCLUDED is shown, then the deductible for that coverage is part of the Combined Deductible.	
Deductibles	Amounts, Hours Or Days
Property Damage Business Income And Extra Expense Spoilage Damage Utility Interruption Other: Combined Deductible \$	

Forms Applicable (Show Numbers)
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Additional Insured	
Name Address	Name Address

Mortgageholder	
Name Address	Name Address

Loss Payee	
Name Address	Name Address

EQUIPMENT BREAKDOWN PROTECTION COVERAGE FORM RENEWAL ENDORSEMENT

ATTACH THIS ENDORSEMENT TO YOUR POLICY

Policy Number:
Renewal Endorsement No.:

EQUIPMENT BREAKDOWN
EB DS 09 09 07

COMPANY

PRODUCER

Named Insured:

Renewal Term:

Renewal Date:

Expiration Date:

In return for the payment of the premium shown below and subject to all the terms of this policy unless otherwise specified, the above numbered policy is renewed for the term shown above. Changes if any:

Forms Applicable At Renewal (Show Numbers):

Current editions of forms are attached if the earlier editions were revised during the previous term.

Renewal Premium: \$

Payable: \$

At Anniversary: \$

Name

Title

Signature

Date

<i>SERFF Tracking Number:</i>	<i>ZURC-125289529</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Assurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026081</i>
<i>Company Tracking Number:</i>	<i>CW-BM-26541</i>		
<i>TOI:</i>	<i>27.0 Boiler & Machinery</i>	<i>Sub-TOI:</i>	<i>27.0000 Boiler & Machinery</i>
<i>Product Name:</i>	<i>CW-BM-26541 - Multistate Boiler and Machinery Declarations Filing</i>		
<i>Project Name/Number:</i>	<i>CW-BM-26541/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125289529 State: Arkansas
First Filing Company: Assurance Company of America, ... State Tracking Number: AR-PC-07-026081
Company Tracking Number: CW-BM-26541
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery
Product Name: CW-BM-26541 - Multistate Boiler and Machinery Declarations Filing
Project Name/Number: CW-BM-26541/

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	09/19/2007

Comments:

Attachment:

NAIC PC TD-1 - 7.pdf

		Review Status:	
Satisfied -Name:	Cover Letter	Approved	09/19/2007

Comments:

Attachment:

Coverletter - 7 - SERFF.pdf

		Review Status:	
Satisfied -Name:	Explanatory Memorandum	Approved	09/19/2007

Comments:

Attachment:

Explanatory Memorandum - 7.pdf

Property & Casualty Transmittal Document

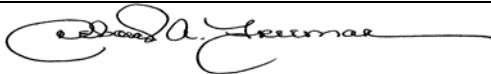
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Zurich American Insurance Company	NY	16535	36-4233459	
American Guarantee and Liability Insurance Company	NY	26247	36-6071400	
American Zurich Insurance Company	IL	40142	36-3141762	
Zurich American Insurance Company of Illinois	IL	27855	36-2781080	
Maryland Casualty Company	MD	19356	52-0403120	
Assurance Company of America	NY	19305	13-6081895	
Northern Insurance Company of New York	NY	19372	13-5283360	

5. Company Tracking Number	CW-BM-26541
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Deborah A. Freeman 1400 American Lane Schaumburg, IL 60196	Product Analyst	(847) 605-4238	(847) 605-7768	deborah.freeman@zurichna.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Deborah A. Freeman		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	27.000
10. Sub-Type of Insurance (Sub-TOI)	27.000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Equipment Breakdown Coverage Declarations Filing
13. Filing Type	[] Rate/Loss Cost [] Rules [] Rates/Rules [X] Forms [] Combination Rates/Rules/Forms [] Withdrawal [] Other (give description)
14. Effective Date(s) Requested	New: 12/01/2007 Renewal: 12/01/2007

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	BM-2006-OEBFO – Multistate Boiler and Machinery/Equipment Breakdown Multistate Forms Revisions to be Implemented
18.	Company's Date of Filing	09/13/2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CW-BM-26541
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In accordance with the filing requirements of your state, we hereby advise that it is our intention to file for use the following declaration pages:

EB DS 07 (Ed. 09/07) – Equipment Breakdown Protection Coverage Form Declarations
EB DS 09 (Ed. 09/07) Equipment Breakdown Protection Coverage Form Renewal Endorsement

For informational purposes only, these forms were included in ISO's Filing Designation Number BM-2006-OEBFO.

We request that this filing becomes effective on December 1, 2007.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div data-bbox="118 974 451 1041"> <p>Check #: SERFF EFT</p> <p>Amount: \$50.00</p> </div> <div data-bbox="89 1297 1346 1367"> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> </div>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE(This form must be provided **ONLY** when making a filing that includes forms)(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CW-BM-26541
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Equipment Breakdown Protection Coverage Form Renewal Endorsement	EB DS 09 0907	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Equipment Breakdown Protection Coverage Form Declarations	EB DS 07 0907	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CW-BM-26432
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	



September 13, 2007

VIA SERFF FILING

Honorable Michael Pickens
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Reference: Commercial Boiler and Machinery Declarations Filing
Zurich American Insurance Company NAIC #212-16535
American Guarantee and Liability Insurance Company NAIC #212-26247
American Zurich Insurance Company NAIC #212-40142
Zurich American Insurance Company of Illinois NAIC #212-27855
Maryland Casualty Company NAIC #212-19356
Assurance Company of America NAIC #212-19305
Northern Insurance Company of New York NAIC #212-19372
Company Filing Number: CW-BM-26541

Zurich North America

1400 American Lane
Schaumburg, Illinois
60196-1056

Telephone: (847) 605-4238

Facsimile: (847) 605-7768

Internet :

www.deborah.freeman@zurichna.com

Dear Honorable Pickens:

On behalf of the above referenced companies and in accordance with the filing requirements of your state, we hereby advise that it is our intention to file for use the following declaration pages:

- EB DS 07 (Ed. 09/07) – Equipment Breakdown Protection Coverage Form Declarations
- EB DS 09 (Ed. 09/07) Equipment Breakdown Protection Coverage Form Renewal Endorsement

For informational purposes only, these forms were included in ISO's Filing Designation Number BM-2006-OEBFO.

We request that this filing becomes effective on December 1, 2007.

This filing is being submitted electronically through SERFF. If you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Deborah A. Freeman
Product Analyst
Regulatory Services
(847) 605-4238
(847) 605-7768 (FAX)
www.deborah.freeman@zurichna.com

EXPLANATORY MEMORANDUM

In accordance with the filing requirements of your state, we hereby advise that it is our intention to file for use the following declaration pages:

- EB DS 07 (Ed. 09/07) – Equipment Breakdown Protection Coverage Form Declarations
- EB DS 09 (Ed. 09/07) Equipment Breakdown Protection Coverage Form Renewal Endorsement

For informational purposes only, these forms were included in ISO's Filing Designation Number BM-2006-OEBFO.

We request that this filing becomes effective on December 1, 2007.

Zurich American Insurance Company
American Guarantee and Liability Insurance Company
American Zurich Insurance Company
Zurich American Insurance Company of Illinois
Maryland Casualty Company
Assurance Company of America
Northern Insurance Company of New York